MEDICA®

ACT- Medica Behavioral Health - Request Form
(Non-contracted providers only)

- Facility Name:_____
- Phone Number: _____
- Facility Address: _____
- Member Name: _____D.O.B:_____
- Member ID#: _____

In addition, Non-Contracted ACT Providers, please include:

- Facility Tax ID: _____
- Attending MD: _____
- DEA Number: _____
- Minnesota DHS Medicaid ID: _____

BILLING CODE	SERVICE DESCRIPTION	HOST COUNTY RATE	ADDRESS OF SERVICE SITE IF DIFFERENT THAN ABOVE	START DATE FOR THIS SERVICE
H0040 Per Diem	ACT – Assertive Community Treatment			

P.O. Box 1459 MN103-0500 Minneapolis, MN 55440-1459
Intake: (800) 848-8327 Fax: 1/855-454-8155